

9/06

**EPA REGION 10
UNDERGROUND STORAGE TANK
INSPECTION FORM A**

Final-Tribal (jg)

Significant Compliance:

Facility# 4190012Passed Inspection Y NRD
Y NUpgrade
Y NInspection Date 8-008-1-07Time 8:00 am

GPS reading _____

Lead Inspector Jim GreevesOthers Seth HendrixFacility Reps Susie Abrahamson *Holly LaBrett *

Tribal Reps: _____

(* Credentials Presented)

Visual Documentation of Inspection: ☐ 35mm pictures ☐ Video ☒ Digital ☐ OtherFacility Drainage (FD) questionnaire: ☐ Completed ☒ Not Completed ☐ Not Applicable

Enforcement Actions Taken Onsite: FNNC # _____ FC # _____ For \$ _____

Verbal Warning for 40 CFR 280. _____ SBA Info Sheet Given? Y N

Enforcement Action Delayed for (Reason): _____

Facility InformationLocation Name Spoko - West PlainsOwner Spokane Tribe

Operator _____

Address (Loc/Owner/Op) 14212 W St Rt 2City Medical Lake State WA Zip 99022 Phone 509-244-0164Address (Loc/Owner/Op) P.O. Box 100City Wellpinit State WA Zip 99040 Phone _____

Tank #

1

2

3

4

5

6

☒ **MEETS FINANCIAL RESPONSIBILITY REQUIREMENTS**☒ All (tanks covered) or (check which tanks are covered)✓✓✓Type: ☒ Ins ☐ Self ☐ PSTF ☐ Ltr Credit ☐ Stdbby Trust ☐ LG Bond Rating Test ☐ LG Fin Test ☐ Other _____Issuing Entity: Great AmericanDates Coverage 8/7/06 to 8/07 In EPA Format? Y N**TANK STATUS**

Manifolded (M) or Compartmented (C) Tank?

CCStatus (circle): TOU TOU POU☐ All or✓✓✓

Date installed:

3-06☒ All or

Tank cap (gal):

☐ All or15,000
2500010K15K10K

Substance in Tank:

☐ All or4ANLSWLDSLTank Material: BS CPS COM FRP DW ExL Lin ☒ All orVerified Tank by: Visual Invoice Warranty Picture ☐ All orXerox - D/W

Emergency Generator Tank(s)?

☒ N/A ☐ All orPiping Material: GS CPS FRP FlexP DW SecC ☐ All or✓✓✓APTVerified Pipe by: Visual Invoice Warranty Picture ☐ All orin a
chasePiping Type: Grav Pres SafeS U.S.S☐ All or

Date last used:

☐ All orClosure Status: Removed In-Place Chg-in-Svc ☐ All or

SITE SKETCH

Tank #

1

2

3

4

5

6

RELEASE DETECTION-TANKS

<input checked="" type="checkbox"/> Primary Release Detection Method Present for all tanks & meets specific performance standards as in 280.43 ?	<input type="checkbox"/> NA						
<input type="checkbox"/> Manual Tank Gauging (MTG) <input type="checkbox"/> Primary Method <input type="checkbox"/> All or							
<input type="checkbox"/> Tank Tightness Testing (TTT) <input type="checkbox"/> Primary Method <input type="checkbox"/> All or							
Last TTT date? _____ Passed? Y N							
<input type="checkbox"/> Inventory Control (IC) <input type="checkbox"/> Primary Method <input type="checkbox"/> All or							
<input type="checkbox"/> Vapor Monitoring (VM) <input type="checkbox"/> Primary Method <input type="checkbox"/> All or							
Site Assessment? Y N <input type="checkbox"/> All or							
<input type="checkbox"/> Ground Water Mon. (GWM) <input type="checkbox"/> Primary Method <input type="checkbox"/> All or							
Site Assessment? (ie: 3' < gw < 20') Y N <input type="checkbox"/> All or							
<input checked="" type="checkbox"/> Automatic Tank Gauge (ATG) <input checked="" type="checkbox"/> Primary Method <input type="checkbox"/> All or	✓	✓	✓				
<input type="checkbox"/> Interstitial Monitoring (IM) <input type="checkbox"/> Primary Method <input type="checkbox"/> All or							
<input type="checkbox"/> SIR <input type="checkbox"/> Primary Method <input type="checkbox"/> All or							
<input type="checkbox"/> Deferred (Emergency Generators ONLY) <input type="checkbox"/> All or							
<input type="checkbox"/> TOU Systems Comply with Release Detection? <input type="checkbox"/> NA							

RELEASE DETECTION-PIPING (RD)

<input type="checkbox"/> Primary RD method(s) present for ALL piping & meets specific performance standards as stated in 280.44? <input type="checkbox"/> NA							
<input checked="" type="checkbox"/> ALLD(s) Pressurized Systems Only- Required <input type="checkbox"/> All or							
Date test: 4-4-07 <input checked="" type="checkbox"/> ELLD or <input type="checkbox"/> MLLD	✓	✓	✓				
<input checked="" type="checkbox"/> LTT(s) Date test: PLLD <input checked="" type="checkbox"/> Primary Method <input type="checkbox"/> All or							
Monthly Monitoring Method: <input type="checkbox"/> Primary Method <input type="checkbox"/> All or							
VM GWM IM SIR <u>Bump Sensor</u> Other _____							
<input type="checkbox"/> Deferred (Emergency Generators ONLY) <input type="checkbox"/> All or							

RELEASE DETECTION COMPLIANCE/RECORDS

<input checked="" type="checkbox"/> Release Detection System - Operating Properly? <input type="checkbox"/> NA							
<input checked="" type="checkbox"/> Release Detection System Meets Performance Standards of SOC Matrix "Worksheet"? <input type="checkbox"/> NA							
<input checked="" type="checkbox"/> In Compliance with EPA 3 rd Party Evaluation? <input type="checkbox"/> NA							
<input checked="" type="checkbox"/> If Required (5 year Record Limit), Has 3 rd Party? <input type="checkbox"/> NA							
<input checked="" type="checkbox"/> Are there monthly monitoring records for Tanks/Piping for 2 most Recent Months and 8 of the last 12 months (or LTT where required) <input type="checkbox"/> NA							
Monthly monitoring records Reviewed = 12 months, of last 12:							
Tanks (months) PASSED: _____ FAILED: _____ INVALID: _____							
Piping (months) PASSED: _____ FAILED: _____ INVALID: _____							
<input checked="" type="checkbox"/> ALL Non-Passing Results Resolved? <input checked="" type="checkbox"/> NA							
<input checked="" type="checkbox"/> If not resolved, was the implementing agency notified of a suspected release? Y <input type="checkbox"/> N <input type="checkbox"/> No release suspected <input type="checkbox"/> <input checked="" type="checkbox"/> NA							
<input type="checkbox"/> Hazardous Substance USTs-Secondarily Contained? <input checked="" type="checkbox"/> NA							
ATG/IM/SIR Equipment Manufacturer/Vendor: Veeder Root							
(Optional) ALLD Equipment Manufacturer: veeder-root							
Model: TLS 350 CSLD							
Model: _____							

TANK #	1	2	3	4	5	6
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RELEASE PREVENTION

☒ CP Met on ALL Tank(s) and Piping, including metal flex connectors, swing joints, etc. (see Release Prevention Measures Matrix, IV. "Tank and Piping Corrosion Protection" checklist)

☐ Any repairs to CP (including Lining) tanks or piping and have they been Tightness Tested within 30 days (not required if internal inspection or monthly monitoring completed)? ☒ NA

TANK LINING

☐ Tank Lining Inspected and In Compliance? ☒ NA

Date of Lining: _____
Date of PASSING Internal Inspection: _____ ☐ All or

CATHODIC PROTECTION

☐ Cathodic Protection: ☐ Tanks ☐ Piping ☒ All or

☐ Impressed Current System ☐ All or

Installation Date: _____ Set at _____ amps

☐ Last 3 (60 Day) rectifier inspection Records? ☐ NA

System On? Y N Observed amperage of _____ amps

☐ Sacrificial Anode System ☐ All or

☐ Date of Last Test: _____ Passed ☐ All or

Covers: ☐ Tanks/Piping ☐ Tanks ☐ Piping

☐ Date of Previous Test: _____ Passed ☐ All or

Covers: ☐ Tanks/Piping ☐ Tanks ☐ Piping

☐ CP Performing Adequately- Based on Testing Results - ☒ NA

☐ Any Repairs are being Conducted or Completed? ☒ NA

☐ 6 mo. CP test After Installation or Repair COMPLETED? ☒ NA

SPILL & OVERFILL PREVENTION

☒ Spill Prevention Devices Present and Functional? ☐ NA

☐ Overfill Prevention Devices Present and Operational for Each Tank? (specify, below) ☐ NA

☐ Ball Float Valve Operational ☐ All or

☐ Flow Restrictor (Auto Shut off) Operational ☐ All or

☒ Automatic Alarm (for Delivery Driver) Operational ☐ All or

☐ Spill / Overfill NOT Req'd (transfer ≤ 25 gallons) ☐ All or

Inspector's Signature

Jim Dheaves

Date:

8-1-07

Notes:

Holly LaBrett had made up compliance
do notebooks for this site.

Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6
	1- January						
	2- February						
	3- March						
	4- April						
	5- May						
	6- June						
	7- July						
	8- August						
	9- September						
	10- October						
	11- November						
	12- December						
P = Pass F = Fail							

Notes: